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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000037313 UNITED CONSTRUCTION GROUP OF MIAMI, INC. 05-02-2001 90097 016 ***150.00 Principal Place of Business Mailing Address 20 NW 135 AVENUE 20 NW 135 AVENUE MIAMI FL 33182 MIAMI FL 33182 Principal Place of Busines Mailing Address 500 Si 8500 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OFF Ou0 City & State City & State 4. FEI Number Applied For 65-0914904 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kolledo SANCHEZ. RAQUEL Street Address (P.O. Box Number is 20 NW 135 AVENUE **MIAMI FL 33182** Zip Code 8. The above named entity subhis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is aligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Hesident CR2E034 (10/00) TITLE ☐ Change TITLE Eliseo L. Polledo SANCHEZ, RAQUEL NAME NAME 8500 SW 8SL SK 240 STREET ADDRESS 20 NW 135 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33182** Delete TITLE ☐ Change ☐ Addition TITLE FERNANDEZ, GUILLERMO NAME NAME STREET ADDRESS 20 NW 135 AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP TITLE" Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee exployed to execute this report as fedured by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adequest, with all other like empowered.